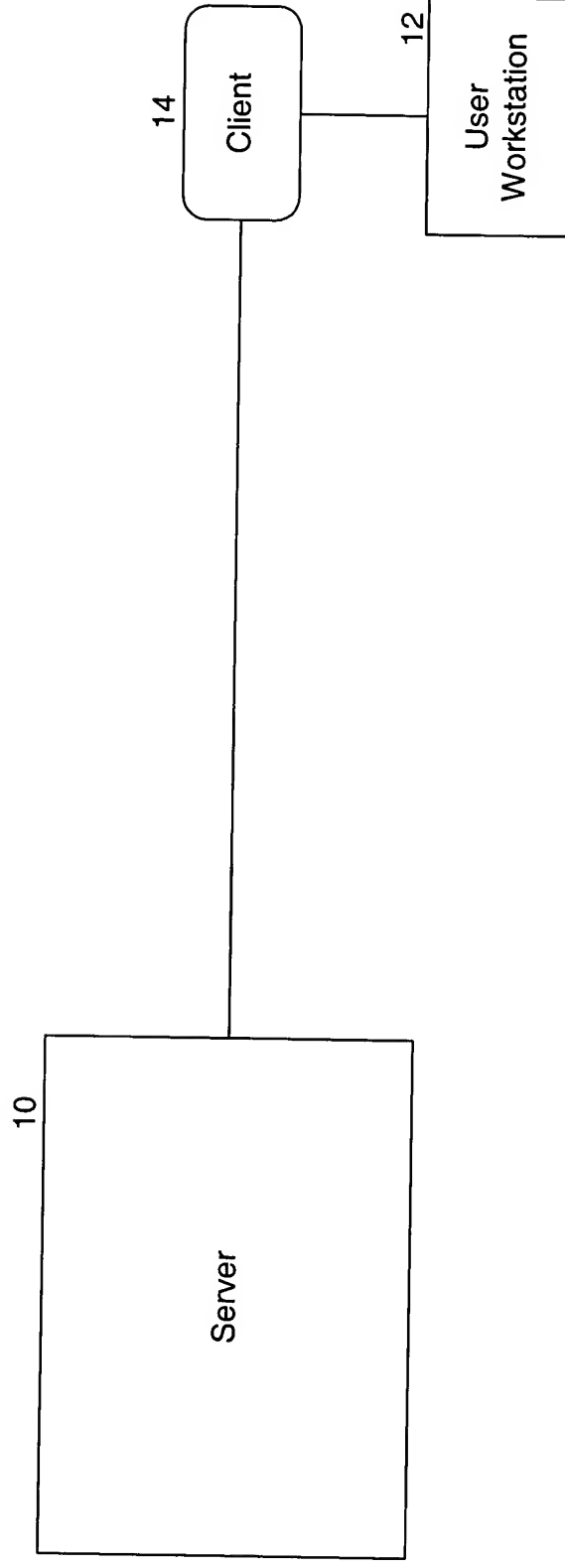


**FIGURE 1**



**FIGURE 2**

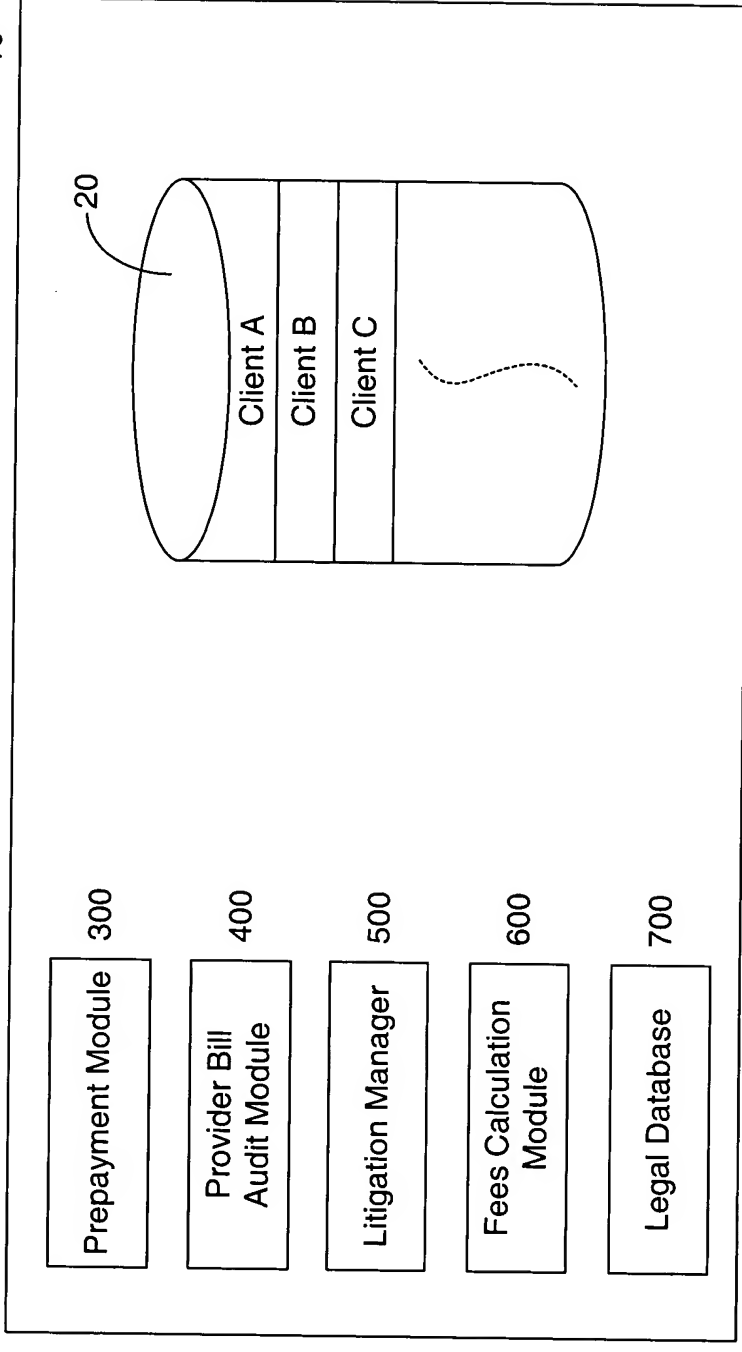
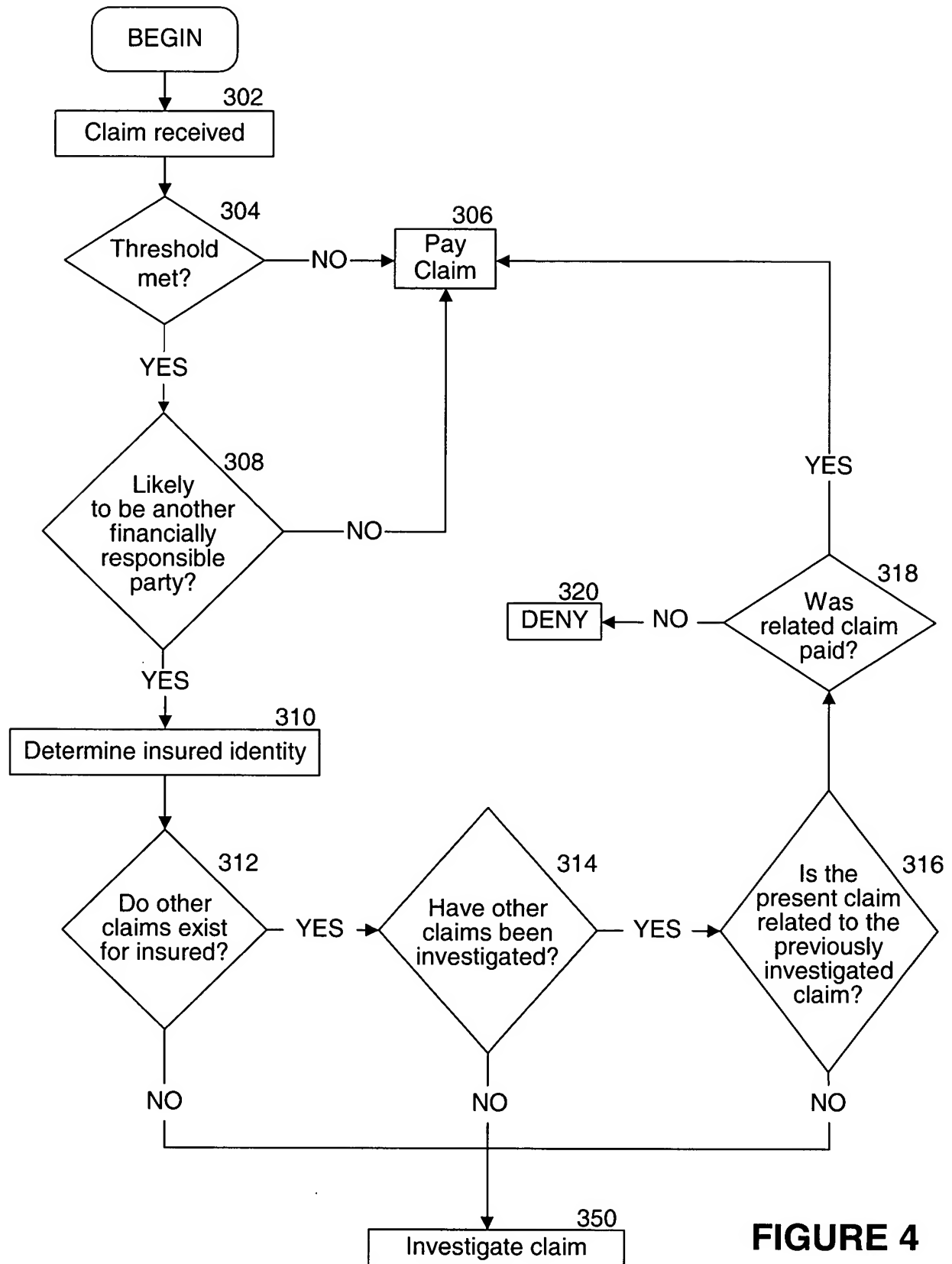


FIGURE 3



**FIGURE 4**



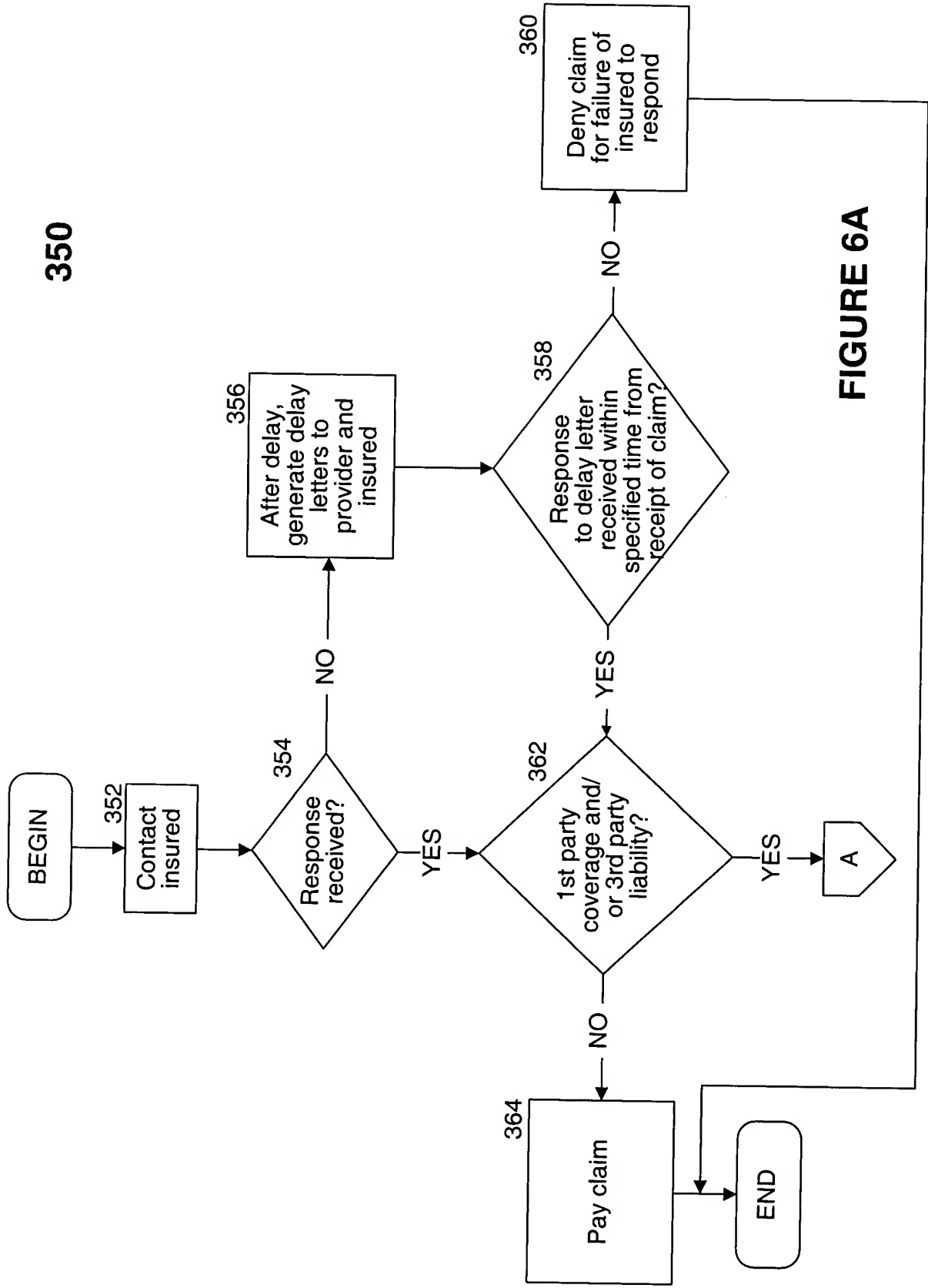
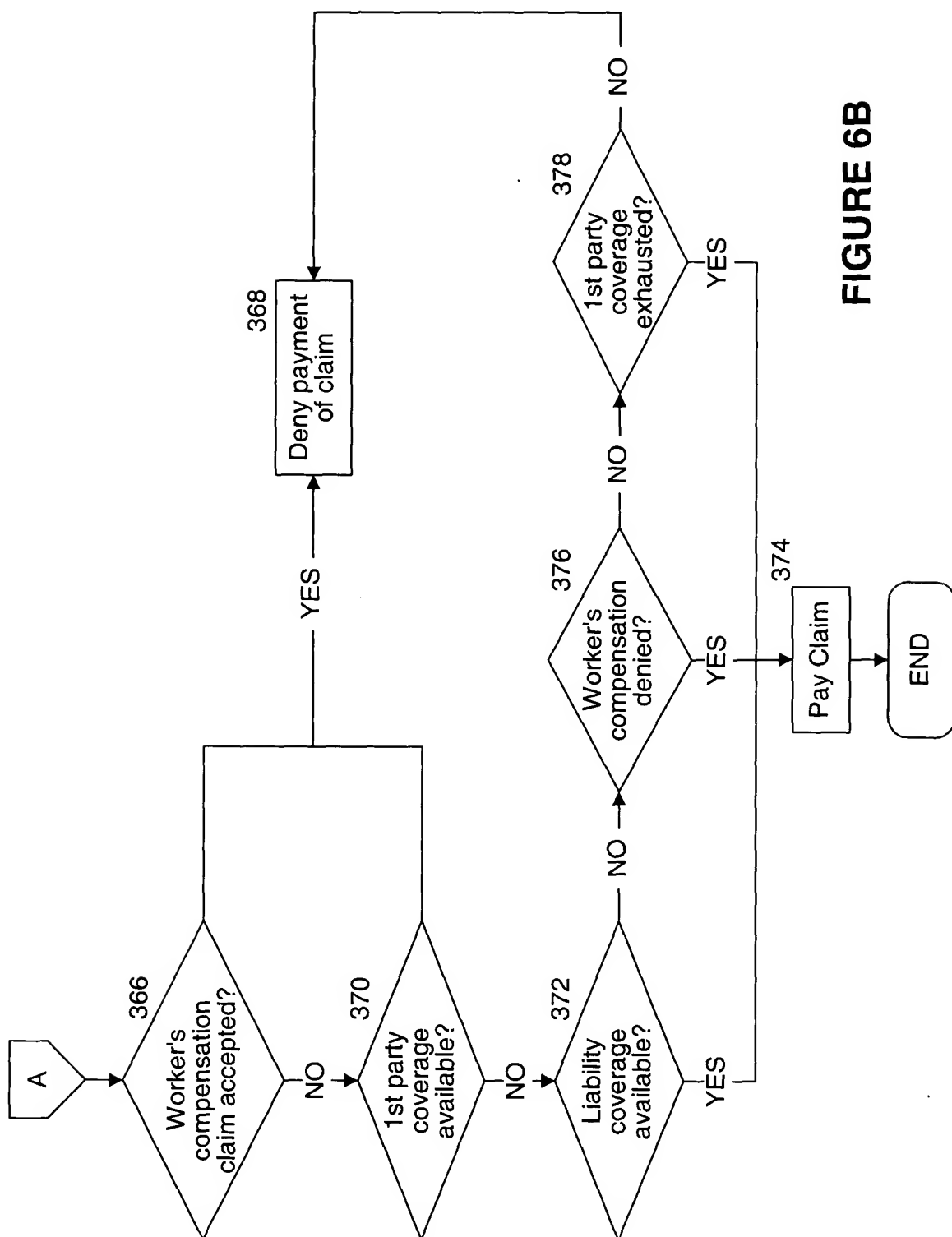
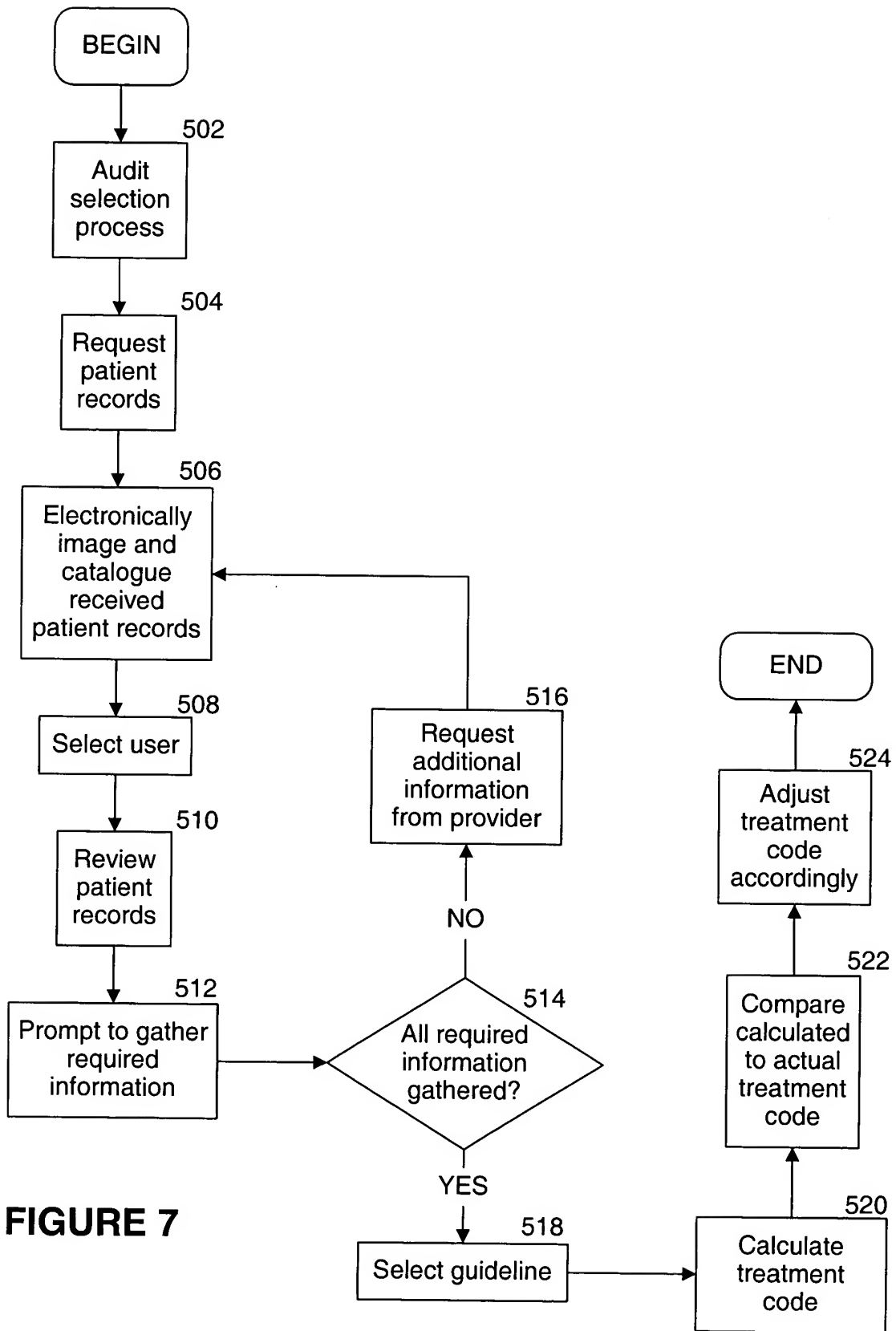


FIGURE 6A



**FIGURE 6B**





**Audit**

Patient 6	Practice 15	Status 16	Type 14
Auditor 1	Type of Service	Carrier Guideline	8
History 2	Exam 3	'95 CPT 5	
History 10	Exam 11	'97 CPT 9	
	Exam	MDM Risk	Time
	Medical Decision Making	Notes	
	MDM 4		
	MDM 12		
	MDM 13		

History

406

404

402

Save

Save & Exit

Exit

FIGURE 8

404 — History

Type of history

☒ Chief Complaint

History of Present Illness

# Chronic Illnesses

☒ Location

☒ Quality

☒ Severity

☒ Timing

☒ Duration

☒ Modifying Factors

☒ Context

☒ Assoc. Signs/Symptoms

Type of HPI

Description

Time

408

Review of Systems

Type of ROS

+ ☐ Constitutional

☐ Eyes

☒ Ears/Nose/Mouth/Throat

☒ Cardiovascular

☒ Respiratory

☒ Gastrointestinal

☒ Geniourinary

☒ Musculoskeletal

☒ Integumentary

☒ Neurological

☒ Psychiatric

☒ Endocrine

☒ Hematologic/Lymphatic

☒ Allergic/Immunologic

☒ Documented, Remainder of Systems Negative

Description

Social History

☒ Smoking

☒ Drug Use

☒ Living Arrangements

☒ Employment

Past Medical History

☒ Past Illness

☒ Past Surgeries

☒ Allergies

☒ Current Medications

☒ Past Hospitalizations

Family History

☒ Family Illness

☒ Hereditary Diseases

410

**FIGURE 9**

Type of exam		Documentation	Limited	Detailed
Normal	Abnormal			
<input type="checkbox"/>	<input checked="" type="checkbox"/> Constitutional		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Eyes		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ears/Nose/Mouth/Throat		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Cardiovascular		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Respiratory		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Gastrointestinal		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Genitourinary		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Musculoskeletal		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Integumentary		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Neurological		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Psychiatric		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Endocrine		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hematologic/Lymphatic		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Allergic/Immunologic		<input type="checkbox"/>	<input type="checkbox"/>

'95      '97      Exam

## FIGURE 10

[illegible]

## FIGURE 11

404

Medical Decision Making

Type of MDM

Diagnosis and Management Options

Type of DMO

Qty	Element
<input type="text"/>	Element description
<input type="text"/>	Element description
<input type="text"/>	Element description
<input type="text"/>	Element description
<input type="text"/>	Element description

Documentation

Amount and Complexity of Data

Type of Comp

Element

<input type="checkbox"/>	Element description
<input type="checkbox"/>	Element description
<input type="checkbox"/>	Element description
<input type="checkbox"/>	Element description
<input type="checkbox"/>	Element description
<input type="checkbox"/>	Element description

418

FIGURE 12

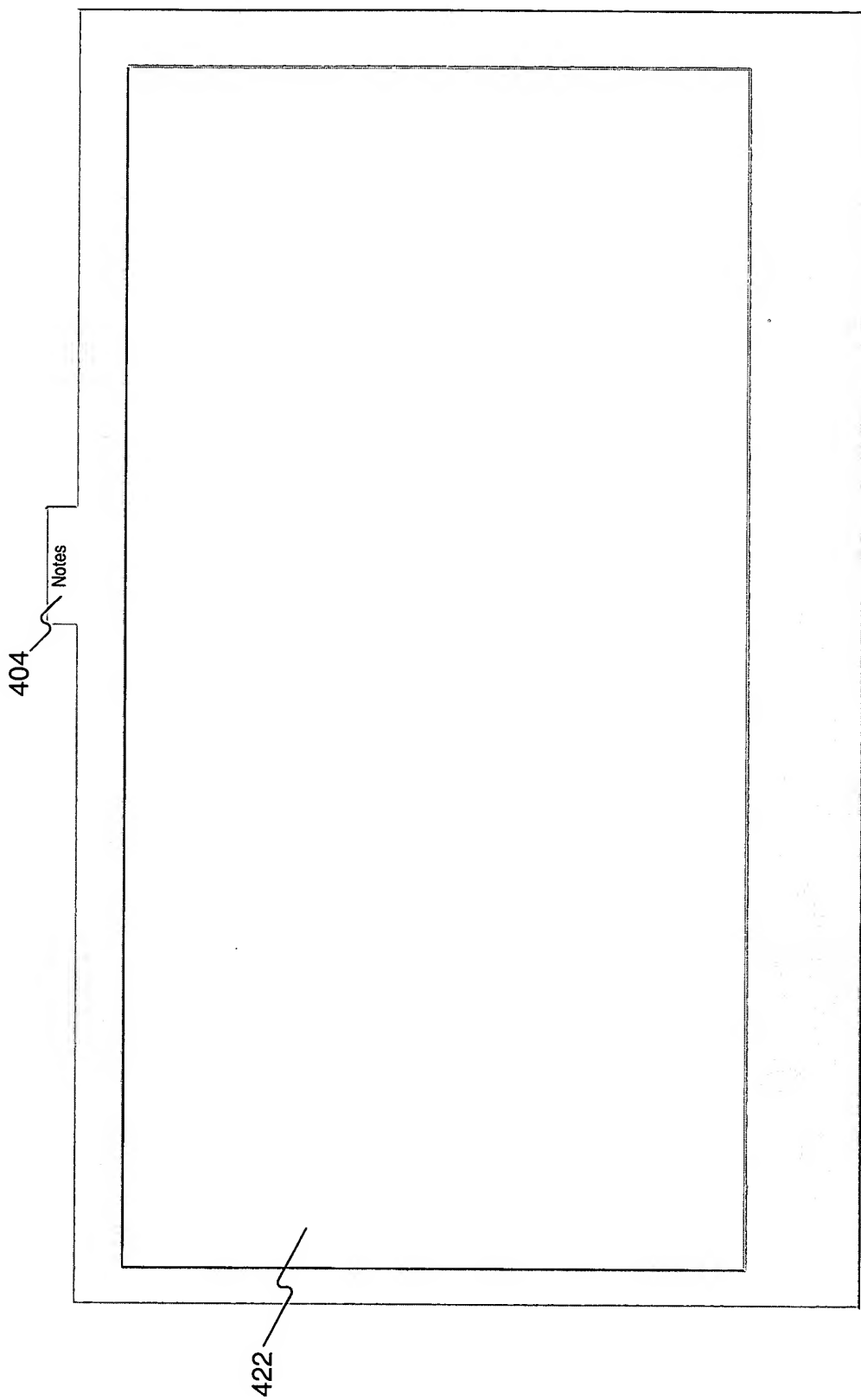
404

MDM Risk

Level of PP Presenting Problem(s)	Level of DP Diagnostic Procedures	Level of MO Management Options
<input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description  <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description  <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description  <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description	<input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description  <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description  <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description  <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description	<input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description  <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description  <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description  <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description <input checked="" type="checkbox"/> description
Description 1	Description 2	Description 3

420

FIGURE 13



**FIGURE 14**

404

Time

Yes

- ☒ Does documentation reveal total time
- ☒ Does documentation describe the content of counseling or coordinating care
- ☒ Does documentation suggest that more than half of time was counseling or coordinating care

424

**FIGURE 15**



DAMED3 TROVERIS [USER TROVERIS TEAM]
Troveris
Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window
Attorney Referral <F ATTORNEY\_REFERRAL>151174 CASE:
I Y J B P F Q E L N I < > VA VB VI VP VH
Event 151174 Policy Holder SOYAD, ISIM Policy Type ASO
Client DAIMLER Owner TOM E. TAYLOR Status OPEN # Cases 2 Funding Type SELF FUND
Referral Client Group Attorney Litigation Arbitration Financial
Referral Information
Referral Initiator DUYGU SENKAL
Closed By
Last Action By DUYGU SENKAL
Expense Budget \$500.00
Attorney Referral Status OPEN
Date Opened 07/18/2002
Date Closed
Last Action Date 07/25/2002
Next Action Date
Referral State
Activity Information

Date	Type	Subject	Description	User	Image Ref.
03/03/2002	REASSIGN		NO AVAILABLE USER FOR EVENT		0
09/06/2002	UPDATE	TASK UPDATED	LETTER - L	TROVERIS TEAM	0
09/06/2002	UPDATE	TASK UPDATED	CALL - ERWR	TROVERIS TEAM	0
09/04/2002	UNLOCKED	EVENT UNLOCKED	EVENT UNLOCKED	TROVERIS TEAM	0

Note
THERE WERE NO AVAILABLE USERS TO REASSIGN TO EVENT: 151174
Add Activity Update Activity Update Image Ref. Create Referral Save Save & Exit Exit

FIGURE 16

Update Task

Add/Update Task

Previous Notes

Task Management

Client

DAIMLER

Group

100 - BLUE CROSS BLUE SHIELD OF MI

Event

151174

Case

Task

REVIEW

Due Date

04/20/2002

Preference

Time

05:43 PM

Priority

Duration in Minutes

Description

EVENT REOPENED

Reminder Time

Status

Task Note

EVENT REOPENED DUE TO MINIMUM DOLLAR THRESHOLD OF \$800.00 WAS MET, PLEASE REVIEW PREVIOUS REJECT REASON WAS 500 CLIENT

Assigned To

TROVERIS TEAM

Status

ASSIGNED

Decline

Created By

TROVERIS TEAM

Case Stage

APPEAL

Task Update

Complete Task

View Timeline

Save & Exit

Exit

FIGURE 17

**: QAMED3 TROVERIS [USER TROVERIS TEAM]**

Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window

TASK Template <F\_TASK\_TEMPLATE>

I Y J B P E Q E L N I

Selection Criteria:

Task Type Task Description State

Type

Search

Task Type <	Task Description <	Dur <	Rec <	Sta <
CALL	CALL			A
FAX	FAX			A
LETTER	LETTER			A
OVERDUE TASK	OVERDUE TASK	5	1 A	
TASK2	TASK2	20	1 A	
TASK2	TASK2 TASK DESCRIPTION	20	2 A	
SETTLEMENT	TEST	10	1 A	

Add  
Update  
Delete

Client <	Type <	State <
ACORDIA NATIONAL	ASSAULT	AA
ACORDIA NATIONAL	ASSAULT	AE
ACORDIA NATIONAL	ASSAULT	AJ
ACORDIA NATIONAL	ASSAULT	AK

Edit

## FIGURE 18

QAMED3 TROVERIS [USER TROVERIS TEAM]

Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window

Case Review Request <F\_CASE\_REVIEW\_REQUEST> EVENT: 151174

Event 151174 Policyholder SOYAD, ISIM Type PROPER Loss Date 04/01/2002 Policy Type ASO  
 Client DAILER Owner AMANDA JONES Status OPEN #Cases 2 Funding Type SELF FUND

Client & Group Information

Submitted To REBECCA A. LESLIE - CASE REVIEW COMMENTS Major Client  
 Date Submitted 09/09/2002 Submitted By TROVERIS TEAM Major Group Code  
 Loss State Policy Holder State AK Branch Group Name  
 Date Response Needed 09/27/2002 View Timeline Status PENDING Employer Group Code 100  
 Regulatory Alert YES Board Status BLUE CROSS BLUE S  
 Date Completed

Question to Attorney Requested Action EMAIL Action Taken  
 SEND ATTY EMAIL WITH STANDARD MADE WHOLE ARGUMENTS.

Attorney Response Event Owners Print Review Save Save&Exit Exit

FIGURE 19

QAMED3 TROVERIS [USER TROVERIS TEAM]

Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window

Troveris

Attorney Referral <F ATTORNEY\_REFERRAL> 151174 CASE:

Event 151174 Policyholder SOYAD, ISIM Type PROPER Loss Date 04/01/2002 Policy Type ASO  
 Claimer DAIMLER Source TOM E. TAYLOR Status OPEN # Cases 2 Handling Type SELF FUNC

Referral Client - Group Attorney Litigation Arbitration Financial

Request Information

First Request By DUYGU SENKAL First Request Date 07/18/2002  
 Second Request By DUYGU SENKAL Second Request Date 07/18/2002  
 Final Request By Final Request Date  
 Client Approval Status Approved Activity Return Date

Client Information

Name DAIMLER CH \$ Threshold 1000 % Threshold 40  
 Contact Phone EXT  
 E-Mail Fax Title

Employer Group Information

Name 100 - BLUE CROSS BLUE SHIELD OF MI \$ Threshold 20000 % Threshold 70  
 Contact Phone EXT  
 E-Mail Fax Title

Comments

Request Notes Generate Request Add Activity Pre-Authorization Save Save & Exit Exit

FIGURE 20

<b>TROVERIS</b>									
Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window									
<b>Attorney Referral &lt;F ATTORNEY_REFERRAL&gt; 151174 CASE:</b>									
<input type="button" value="I"/>	<input type="button" value="Y"/>	<input type="button" value="J"/>	<input type="button" value="B"/>	<input type="button" value="P"/>	<input type="button" value="E"/>	<input type="button" value="Q"/>	<input type="button" value="L"/>	<input type="button" value="N"/>	<input type="button" value="I"/>
Starting Contacts									
<b>Event</b>	<b>151174</b>	<b>Policy Number</b>	<b>SOYAD, ISIM</b>	<b>Type</b>	<b>PROPER</b>	<b>Loss Date</b>	<b>04/01/2002</b>	<b>Policy Type</b>	<b>ASO</b>
<b>Client</b>	<b>DAMLER</b>	<b>Source</b>	<b>TOM E. TAYLOR</b>	<b>Status</b>	<b>OPEN</b>	<b>#Cases</b>	<b>2</b>	<b>Funding Type</b>	<b>SELF FUND</b>
<b>Referral</b>	<b>Client Group</b>	<b>Attorney</b>	<b>Litigation</b>	<b>Arbitration</b>	<b>Financial</b>				
<b>Attorney Information</b>									
<b>Vendor Name</b>				<b>Role Code</b>		<input type="button" value="View Addresses"/>		<b>Vendor TIN</b>	
<b>Contact Name</b>						<input type="button" value="View Contacts"/>			
<b>Referral Information</b>									
<b>Sent By</b>		<b>DUYGU SENKAL</b>		<b>Sent Date</b>		<b>07/18/2002</b>			
<b>Activity</b>		<input type="button" value="Return Status"/>		<b>N</b>		<b>Return Date</b>			
<b>Comments</b>									
<b>Rates</b>									
<b>Monthly Retainer</b>				<b>Contingency Fee</b>				<b>%</b>	
<b>Hourly</b>				<b>Attorney Rate</b>					
				<b>Paralegal Rate</b>					
				<b>Associate Rate</b>					
				<b>Other Rate</b>					
<b>Add Activity</b>		<b>Generate Referral</b>		<b>Referral Instructions</b>		<b>Save &amp; Exit</b>		<b>Exit</b>	

## FIGURE 21



NAME3 TROVERIS [USER TROVERIS TEAM]
Troveris
Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window
Attorney Referral <F\_ATTORNEY\_REFERRAL>151174 CASE:
I Y J B P E Q E L N I
Status:
Event 151174 Policyholder SOYAD, ISIM Type PROPER Loss Date 04/01/2002 Policy type ASO
Client DAIMLER Attorney TOM E. TAYLOR Status OPEN OPEN Funding type SELF FUND
Referral Client Group Attorney Litigation Arbitration Financial
Court Information
Litigation Status
Case Number
Jurisdiction
Court
Date Suit Filed
Date Intervention Filed
Date Served
Date Answer Due
Arbitration Date
Mediation Date
Mediator
Pre-Trial Date
Discovery Req. Date
Trial Date
State Code
County
Underlying Case
Settlement Amount
Settlement Date
Financial Information
Asset Check Complete
Asset Check Date
Pre-Referral Offer
Last Demand
Award Amount
Final Results (%)
Comments
Representation
Role «
Represented Party «
Attorney «
Add Activity
Save
Save & Exit
Exit

FIGURE 22

548

550

QAMED3 TROVERIS [USER TROVERIS TEAM]

Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window

Attorney Referral <F ATTORNEY\_REFERRAL>151174 CASE:

Y J B P E Q E L N I

VA VB VI VP VH

Event 151174 Policyholder SOYAD, ISIM Policy Type A90

Client DAMLER Agent TOM E. TAYLOR Status OPEN #Cases 2 Funding Type SELF FUND

Referral Client Group Attorney Litigation Arbitration Financial

Legal Expenses Expense Budget \$500.00 Paid Expenses to Date

Invoice Date Invoice Number Vendor Name Invoice Amount Paid Date E C

Event Information

Event Billed Amount	\$300.00
Event Paid Amount	\$200.00
Last Bill Received Date	06/28/2002
Event Projected Amount	\$0.00
Event Recoveries	\$0.00
Event Balance Due	\$0.00

Underlying Case

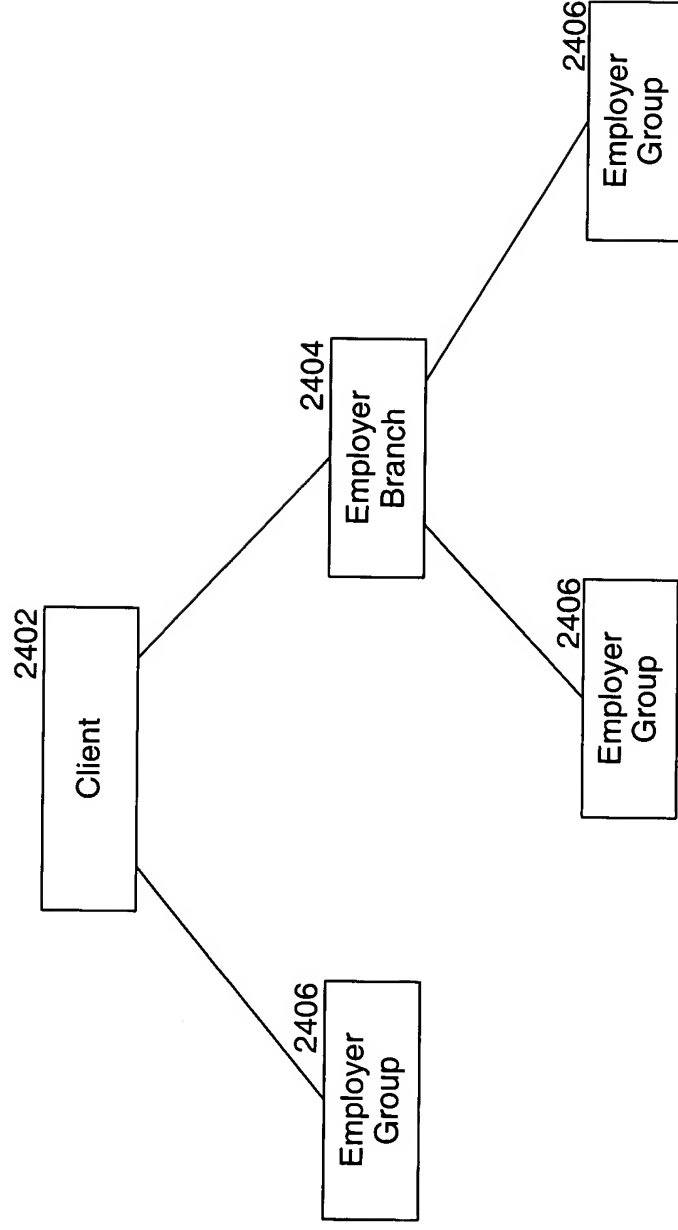
Settlement Amount	
Settlement Date	
Attorney Recovery Information	
Atty Pursuit Amount	\$9.00
Pursuit Amount Last Update	09/09/2002
Attorney Recoveries to Date	\$191.00
Attorney Settlement Ratio	2122.22

Status	Damaged Party	Billed Amount	Paid Amount	Recovered	Protected
OPEN	ADAM IKINCI	\$0.00	\$0.00	\$0.00	\$0.00
OPEN	SOYAD, ISIM	\$300.00	\$200.00	\$0.00	\$0.00

Add Activity Save Save & Exit Exit

FIGURE 23





**FIGURE 24**

**Account Manager**

Client Search Criteria: ID  Code  Name

Account | Data Manager | Client Info | Client Rules | Client Lives | Fees & Taxes | Group List | Activity Log

---

**Client Information**

ID  Status  Name   
 Code  Alternate Name   
 Major Code  Website   
 Address 1  Federal TIN   
 Address 2  Main Phone   
 City  Main Fax   
 State  Zip

---

**Comments**

---

**Discovery Information**

Client Protocol   
 Client Protocol Level   
 Discovery Threshold   
 Discovery Threshold Level   
 Selective Pursuit

---

**Authorization Levels**

Authorization Threshold   
 Authorization Percentage

---

**Miscellaneous Information**

Plan Type   
 Agent Authorization on File ☐  
 Agent Image Reference   
 Days until Reassignment   
 Pick Request Volume   
 Check Rollup Code

---

**Healthcare Products**

Product List

Over Flow ☐  
 Discovery Letters ☐  
 Investigation ☐  
 Imaging ☐  
 Training ☐

---

**Healthcare Discovery Letters**

Discovery Letter Phone Number   
 Discovery Letter Print Location

**FIGURE 25**



QAMED3 TROVERIS [USER TROVERIS TEAM]

Application Operations Administration Supervisor Client Manager Legal Accounting Security Support Help Window

Recovery Rules <F\_STATUTES\_OF\_LIMITATIONS>

State: WYOMING

Link to State Law Outline

Negligence Comments

MODIFIED

Comments

NEG. STANDARD: MEMBER 50% OR MORE AT FAULT, CANNOT RECOVER. MEMBER 49% OR LESS AT FAULT, CAN RECOVER, RECOVERY REDUCED BY % OF MEMBER'S OWN FAULT.  
DS EDIT

Automobile Insurance Coverage Minimums Required

PIP	\$50,000.00	Y
No Fault		
Medical Payments		
Liability	\$25,000.00	Y
Uninsured Motorist	\$10,000.00	Y
Underinsured Motorist	\$10,000.00	Y
Stackable	Y	
Offset Comments	Offset	Y

Statutes of Limitations Years

Bodily Injury	2
Medical Expenses	5
Personal Services	3
Medical Malpractice	10
Product Liability	10

Statutes Comments

Save Save & Exit Exit

Self-Insured Retention Plans

Required Retention	Y
Self-Insured Retention	N
Self-Insured Retention	Y
Self-Insured Retention	Y
Made Whole Comments	COMMON FUND
Atty Fee Comments	Atty Fee Comments

Self-Insured Retention Plans

Self-Insured Retention	Y
Self-Insured Retention	Y
Self-Insured Retention	Y
Self-Insured Retention	Y
Made Whole Comments	NA
Atty Fee Comments	Atty Fee Comments

2700

FIGURE 27